

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute of form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Complete if Known			
		Application Number			
		Filing Date			
		First Name Inventor	Ingermar S. d'Agrella		
		Group Art Unit			
Examiner Name					
Sheet	1	of	1	Attorney Docket Number	077077-9146-00

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
<i>hmd</i>		4,381,705	Roes et al.	5/3/1983
		4,569,672	Marion et al.	2/11/1986
		4,604,083	Barny et al.	8/5/1986
		4,616,815	Vijuk	10/14/1986
		4,667,953	Hirakawa et al.	5/26/1987
		5,117,753	Mamberer	6/2/1992
		5,162,036	Peter et al.	11/10/1992
		5,207,412	Coons, Jr. et al.	5/4/1993
		5,217,425	Cantrell	6/8/1993
		5,309,834	Koch	5/10/1994
		5,358,464	Funk et al.	10/25/1994
		5,437,442	Petersen	8/1/1995
		5,562,195	Isaacs	10/8/1996
		6,131,053	Nyffenegger et al.	10/10/2000
<i>hmd</i>		6,199,860	d'Agrella et al.	3/13/2001

Examiner Signature	<i>Hemant M. Deseri</i>	Date Considered	<i>4/21/05</i>
--------------------	-------------------------	-----------------	----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.